

PHYSICAL EXAM - Skin Findings

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	cyanosis
<input type="checkbox"/>	<input type="checkbox"/>	cool skin
<input type="checkbox"/>	<input checked="" type="checkbox"/>	skin rash
<input type="checkbox"/>	<input type="checkbox"/>	pallor
<input type="checkbox"/>	<input type="checkbox"/>	diaphoresis
<input type="checkbox"/>	<input type="checkbox"/>	poor skin turgor

OK
Cancel

Figure 1 (PRIOR ART)

User

1

2abc

3def

4ghi

5jkl

6mno

7prs

8tuv

9xyz

◀

0QZ

C

FIGURE 2

T-Chat

User: langdon

File

Edit

View

Setup

Home

Annotation

Notes

Clinical

History

Exam

Course

Diagnosis

Viewing

Report

Discharge

Prescription

Excuse

Printing

Clinical

Discharge

Closure

My Patients

Room	Age	Sex	Chief Complaint	Name	Time	Template	Physician
7	63y	F	car drove off cliff	Shady, Grace	11:26 04/12/01	17 MVA	langdon
12	18m	M	bean in nose	Quenda, Ricky-Joe	15:44 04/12/01	28 Nose	langdon

Patients Waiting

Room	Age	Sex	Chief Complaint	Name	Time	Template	Physician
			NEW COMPLAINT	NEW PATIENT			
	49y	F	horse stepped on foot	Maltz, Ethyl	16:37 04/12/01		
	118y	F	headache	Seppene, Mary	16:26 04/12/01		
	56y	M	car crash	Koussas, Ernie	16:18 04/12/01		
	29y	M	abdominal pain	Berney, Jack	15:26 04/12/01		
	37y	M	chest pain	Amos, Desi	15:04 04/12/01		

FIGURE 3

T-Chart User: langdon

File Edit View Setup

My Patients

Room	Age	Sex	Chief Complaint	Name	Time	Template	Physician
7	53y	F	car drove off cliff	Grace, Holly	11 26 04/12/01	17 MVA	langdon
12	18m	M	beam in nose	Granger, Ricky Jr	15 44 04/12/01	28 Nose	langdon

Patients Waiting

Room	Age	Sex	Chief Complaint	Name	Time	Template	Physician
	49y	F	NEW COMPLAINT	NEW PATIENT			
	118y	F	horse stepped on foot	Edyl, Mike	16 37 04/12/01		
	56y	M	headache	Mary, Rogers	16 26 04/12/01		
	37y	M	car crash	Ernie, Keweenaw	16 18 04/12/01		
	29y	M	chest pain	Desti, Keweenaw	15 04 04/12/01		
	29y	M	abdominal pain	Jack, John	4/12/2001 3:2		

FIGURE 4

T-Chart User: langdon

File Edit View Setup

My Patients

Room	Age	Sex	Chief Complaint	Name	Time	Template	Physician
7	53y	F	car drove off cliff	Grace, Holly	11 26 04/12/01	17 MVA	langdon
12	18m	M	beam in nose	Granger, Ricky Jr	15 44 04/12/01	28 Nose	langdon

Patients Waiting

Room	Age	Sex	Chief Complaint	Name	Time	Template	Physician
	49y	F	NEW COMPLAINT	NEW PATIENT	16 37 04/12/01		
	118y	F	horse stepped on foot	Edyl, Mike	16 26 04/12/01		
	56y	M	headache	Mary, Rogers	16 18 04/12/01		
	37y	M	car crash	Ernie, Keweenaw	15 04 04/12/01		
	29y	M	chest pain	Desti, Keweenaw			

FIGURE 5

T-Chart User: langdon

File Edit View Setup

My Patients

Room	Age	Sex	Chief Complaint	Name	Time	Template	Physician
7	53y	F	car drove off cliff	Grace, Mary	11 26 04/12/01	17 MVA	langdon
8	29y	1 M	abdominal pain	Jack, Ricky	15 26 04/12/01		langdon
12	18m	M	bean in nose	Jack, Ricky	15 44 04/12/01	28 Nose	langdon

Patients Waiting

Room	Age	Sex	Chief Complaint	Name	Time	Template	Physician
	49y	F	NEW COMPLAINT	NEW PATIENT			
	118y	F	horse stepped on foot	Ethyl, Mary	16 37 04/12/01		
	55y	M	headache	James, Mary	16 26 04/12/01		
	37y	M	car crash	James, Ernie	16 18 04/12/01		
			chest pain	James, Des	15 04 04/12/01		

Navigation: Home, Attenuation, Notes, Clinical, History, Exam, Course, DxDI, Reporting, Discharge, Prescription, Excuse, Preliminary, Clinical, Discharge, Closure.

FIGURE 6

TChart Template Selector

Trauma

- 1 Head Injury
- 2 Eye Problems
- 3 Head Injury, Facial
- 4 Neck/Back Pain or Injury
- 5 Shoulder Injury
- 6 Upper Extremity Injury
- 7 Trunk Injury
- 8 Low Back Pain or Injury
- 9 Hand/Wrist Injury
- 10 Hip Injury
- 11 Lower Extremity Injury
- 12 Ankle/Foot Injury
- 13 Plantar Puncture Wound
- 14 Pediatric Illness
- 15 Asthma-pediatric
- 16 Pediatric Trauma
- 17 MVA
- 17a MCA Bike / Pedestrian
- 18 Multiple Trauma
- 19 Fall
- 20 Assault
- 21 Animal Bite
- 22 Major Burn/Smoke Inhalation
- 23 Recheck / Suture Removal
- 24 General

Medicine

- 26 Headache
- 27 Ear Complaints
- 28 Nose
- 29 Throat or Dental Pain
- 30 Cough
- 31 Wheezing / Asthma
- 32 Dyspnea
- 33 Chest Pain
- 34 Palpitations
- 35 Upper Extremity Pain
- 36 Abdominal Pain
- 37 Vomiting / Diarrhea
- 38 GI Bleeding / Rectal Pain
- 39 Female GU
- 40 OB Problems
- 41 Male GU
- 42 Lower Extremity Pain
- 43 Skin Rash / Abscess
- 44 Allergy
- 45 Changed Mental Status
- 46 Focal Neuro Deficit
- 47 Dizzy
- 48 Syncope
- 49 Seizure
- 50 CPR
- 51 Critical Care
- 52 Overdose
- 53 Psych

Ok Cancel

FIGURE 7

TChart Template Selector

Trauma	Medicine
1 Head Injury	26 Headache
2 Eye Problems	27 Ear Complaints
3 Head Injury, Facial	28 Nose
4 Neck/Back Pain or Injury	29 Throat or Dental Pain
5 Shoulder Injury	30 Cough
6 Upper Extremity Injury	31 Wheezing / Asthma
7 Trunk Injury	32 Dyspnea
8 Low Back Pain or Injury	33 Chest Pain
9 Hand/Wrist Injury	34 Palpitations
10 Hip Injury	35 Upper Extremity Pain
11 Lower Extremity Injury	36 Abdominal Pain
12 Ankle/Foot Injury	37 Vomiting / Diarrhea
13 Plantar Puncture Wound	38 GI Bleeding / Rectal Pain
14 Pediatric Illness	39 Female GU
15 Asthma-pediatric	40 OB Problems
16 Pediatric Trauma	41 Male GU
17 MVA	42 Lower Extremity Pain
17a MCA Bike / Pedestrian	43 Skin Rash / Abscess
18 Multiple Trauma	44 Allergy
19 Fall	45 Changed Mental Status
20 Assault	46 Focal Neuro Deficit
21 Animal Bite	47 Dizzy
22 Major Burn/Smoke Inhalation	48 Syncope
23 Recheck / Suture Removal	49 Seizure
24 General	50 CPR
	51 Critical Care
	52 Overdose
	53 Psych

Ok Cancel

FIGURE 8

T-Chart

Penney, Jack

Home

Annotations

Notes

Clinical

Exam

Course

Diagnosis

Report

Discharge

Prescription

Excuse

Print

Clinical

Discharge

Closure

Home

Annotations

Notes

Clinical

Exam

Course

Diagnosis

Report

Discharge

Prescription

Excuse

Print

Clinical

Discharge

Closure

Home

Annotations

Notes

Clinical

Exam

Course

Diagnosis

Report

Discharge

Prescription

Excuse

Print

Clinical

Discharge

Closure

Home

Annotations

Notes

Clinical

Exam

Course

Diagnosis

Report

Discharge

Prescription

Excuse

Print

Clinical

Discharge

Closure

Home

Annotations

Notes

Clinical

Exam

Course

Abdominal Pain

time: _____ room: _____

arrived: pvt vehicle EMS

context:

historian: patient EMS family

limited by:

HPI

chief complaint: abdominal pain flank pain

started: just PTA today last night yesterday

still present _____ gone _____ timing: _____

quality:

"pain"

sharp

stabbing

cramping

burning

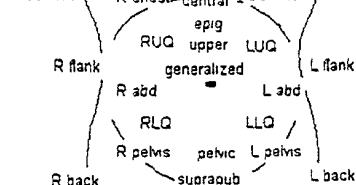
dull

migrating

well localized

diffuse

location:



radiating to: _____ additional pain _____

associated symptoms:

nausea

vomiting

loss of appetite

diarrhea

severity of pain:

modifying factors:

similar symptoms previously

once twice sev times many times - occasionally frequently

milder as bad worse varying

recently seen _____

ED office clinic hospitalized

ROS

GI

vomiting blood

black stools

bloody stools

UPINARY

difficulty w/ urination

pain w/ urination

frequency

Female pregnant

LNMP

missed periods irreg

abnormal bleeding

all systems neg. except as marked

CONSTITUTIONAL

fever chills

Neuro & ENT

headache

sore throat

blurred vision

CVS & Pulmonary

chest pain

difficulty breathing

cough

MS & Skin

joint pain back pain

skin rash

PAST Hx

negative see nurses notes

peptic ulcer

gall stones

bowel obstruction

kidney stones

heart dz

lung dz

renal dz

HTN

diabetes

hyperlipidemia

previous surgery

abdominal surgery

0 MEDS none see nurses notes

0 ALLERGIES NKDA see nurses notes

0 SOCIAL Hx smoker ETOH drugs

residence/travel

0 FAMILY Hx gall bladder heart dz hx of

FIGURE 9

IT-Chart
 Barry, Jack

Home

Annotations
 Notes

Clinical
 History
 Exam
 Course
 Dx/Di
 Vital Signs
 Report
 Discharge
 Prescription
 Excuse
 Print/Im
 Clinical
 Discharge
 Closure

Abdominal Pain

time: _____ room: _____

arrived: pvt vehicle EMS

context: _____

historian: patient EMS family

limited by: _____

0 HPI

chief complaint: abdominal pain flank pain

started: just PTA today last night yesterday

still present _____ gone _____ timing _____

quality:

"pen"

sharp

stabbing

cramping

burning

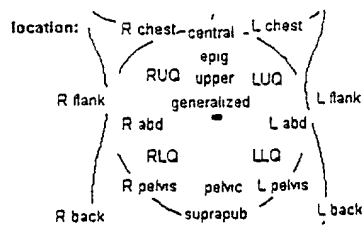
cut

migrating

...

well localized

diffuse



radiating to: _____ additional pain _____

associated symptoms:

nausea

vomiting

loss of appetite

diarrhea

severity of pain:

modifying factors:

similar symptoms previously:

once twice sev. times many times - occasionally frequently

milder as bad worse varying

0

recently seen

ED office clinic hospitalized

0

0 ROS

GI

vomiting blood

black stools

bloody stools

URINARY

difficulty w/ urination

pain w/ urination

frequency

Female pregnant

LMP

missed periods

abnormal bleeding

all systems neg. except as marked

CONSTITUTIONAL

fever chills

Neuro & EENT

headache

sore throat

blurred vision

CVS & Pulmonary

chest pain

difficulty breathing

cough

MS & Skin

joint pain

back pain

skin rash

0 PAST Hx

negative see nurses notes

peptic ulcer

gall stones

bowel obstruction

kidney stones

heart dz

lung dz

renal dz

HTN

diabetes

hyperlipidemia

previous surgery

abdominal surgery

0 MEDS none see nurses notes

0 ALLERGIES NKDA see nurses notes

0 SOCIAL Hx smoker ETOH drugs

residence/travel

0 FAMILY Hx gall bladder heart dz hx of

FIGURE 10

T-Chart

name: Jack

Home

Annotations

Notes

Clinical

82 History

Exam

Course

Dx/DI

Windows

Report

Discharge

Prescription

Excuse

Prelim

Clinical

Discharge

Closure

1 2

Abdominal Pain

time: room:

arrived: pvt vehicle EMS context:
 historian: patient EMS family limited by:

HPI

chief complaint: abdominal pain flank pain
 started: just PTA today last night yesterday

still present gone timing:

quality:

"poor"

sharp

stabbing

cramping

burning

dull

migrating

wet localized diffuse

location:

R chest-central L chest

RUQ upper LUQ

generalized

R abd L abd

RLQ LLQ

R pelvis L pelvis

suprapub

R back L back

radiating to: additional pain

associated symptoms:

nausea vomiting

loss of appetite diarrhea

severity of pain:

modifying factors:

similar symptoms previously:

once twice sev. times many times - occasionally frequently

milder as bad worse varying

recently seen

ED office clinic hospitalized

ROS

GI

vomiting blood fever chills

black stools bloody stools headache

bloody stools sore throat

difficulty w/ micturition blurred vision

pain w/ micturition difficulty breathing

frequency chest pain

Female pregnant cough

missed periods irreg MS & Skin

abnormal bleeding joint pain back pain

all systems neg. except as marked skin rash

PAST Hx

negative see nurses notes heart dz neuro dz

peptic ulcer lung dz GI dz

gall stones renal dz other dz

bowel obstruction HTN diabetes

kidney stones hyperlipidemia

previous surgery

abdominal surgery

MEDS none see nurses notes

ALLERGIES NKDA see nurses notes

SOCIAL Hx smoker ETOH drugs

residence/travel

FAMILY Hx gall bladder heart dz hx of

FIGURE 11

TT-Chart
 Jerry, Jack
 Home
 Annotations
 Notes
 Crimp
 History
 Exam
 Course
 Dx/DI
 View/print
 Report
 Discharge
 Prescription
 Excuse
 Printing
 Clinical
 Discharge
 Closure

Abdominal Pain

time: _____ room: _____

arrived: pvt vehicle EMS

context: _____

historian: patient EMS family

limited by: _____

HPI

chief complaint: abdominal pain flank pain

started: just PTA today last night yesterday

still present _____ gone _____ timing: _____

quality:

"pain"

sharp

stabbing

cramping

burning

dull

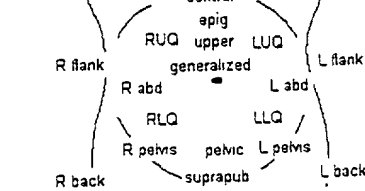
migrating

...

wet localized

diffuse

location:



radiating to: _____

additional pain _____

associated symptoms:

nausea

vomiting

loss of appetite

diarrhea

severity of pain: _____

modifying factors: _____

similar symptoms previously: _____

once twice sev. times many times - occasionally frequently
milder as bad worse varying

recently seen _____

EO office clinic hospitalized

ROS

GI

vomiting blood _____

black stools _____

bloody stools _____

difficulty w/ mastication _____

pain w/ mastication _____

frequency _____

Female _____ pregnant _____

LNMP _____

missed periods _____ irreg _____

abnormal bleeding _____

all systems neg. except as marked

CONSTITUTIONAL

fever _____ chills _____

Neuro & EENT

headache _____

sore throat _____

blurred vision _____

CVS & Pulmonary

chest pain _____

difficulty breathing _____

cough _____

MS & Skin

joint pain _____ back pain _____

skin rash _____

PAST Hx

negative _____ see nurses notes

peptic ulcer _____

gall stones _____

bowel obstruction _____

kidney stones _____

heart dz _____ neuro dz _____

lung dz _____ GI dz _____

renal dz _____ other dz _____

HTN _____ diabetes _____

hyperlipidemia _____

previous surgery _____

abdominal surgery _____

0 MEDS _____ none _____ see nurses notes

0 ALLERGIES _____ NKDA _____ see nurses notes

0 SOCIAL Hx smoker _____ ETOH _____ drugs _____

residence/travel _____

0 FAMILY Hx gall bladder _____ heart dz _____ hx of _____

FIGURE 12

T-Chart

Back

Home

Annotations

Notes

Clinical

History

Exam

Course

Diagnosis

Viewing

Report

Discharge

Prescription

Excuse

Primary

Clinical

Discharge

Closure

Back

Home

Annotations

Notes

Clinical

History

Exam

Course

Diagnosis

Viewing

Report

Discharge

Prescription

Excuse

Primary

Clinical

Discharge

Closure

Back

Home

Annotations

Notes

Clinical

History

Exam

Course

Diagnosis

Viewing

Report

Discharge

Prescription

Excuse

Primary

Clinical

Discharge

Closure

Back

Home

Abdominal Pain

time: _____ room: _____

arrived: pvt vehicle EMS

context:

historian: patient EMS family

limited by:

HPI

chief complaint: abdominal pain flank pain

started: just PTA today last night yesterday

still present _____ gone _____ timing: _____

quality:

"pain"

sharp

stabbing

cramping

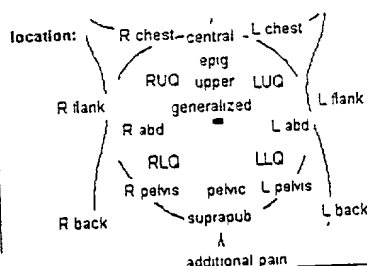
burning

dull

migrating

well localized

diffuse



radiating to:

associated symptoms:

nausea

loss of appetite

severity of pain:

modifying factors:

similar symptoms previously:

once twice sev. times many times - occasionally frequently

milder as bad worse varying

0

recently seen

ED office clinic hospitalized

0

ROS

GI

vomiting blood

black stools

bloody stools

difficulty w/ unnaion

pain w/ unnaion

frequency

Female pregnant

NMMP

missed periods irreg

abnormal bleeding

all systems neg. except as marked

CONSTITUTIONAL

fever chills

Neuro & EENT

headache

sore throat

blurred vision

CVS & Pulmonary

chest pain

difficulty breathing

cough

MS & Skin

joint pain back pain

skin rash

PAST Hx

negative see nurses notes

peptic ulcer

gall stones

bowel obstruction

kidney stones

heart dz

lung dz

renal dz

HTN

diabetes

hyperlipidemia

previous surgery

abdominal surgery

0 MEDS none see nurses notes

0 ALLERGIES NKDA see nurses notes

0 SOCIAL Hx smoker ETOH drugs

residence/travel

0 FAMILY Hx gall bladder heart dz hx of

FIGURE 13

TT-Chart
 2007/07/24
 Home
 Annotations
 Notes
 Clinical
 History
 Exam
 Course
 O-DI
 Vitals
 Report
 Discharge
 Prescription
 Excuse
 Preliminary
 Clinical
 Discharge
 Closure

Abdominal Pain

time: _____ room: _____

arrived: pvt vehicle EMS
 historian: patient EMS family
 context:
 limited by:

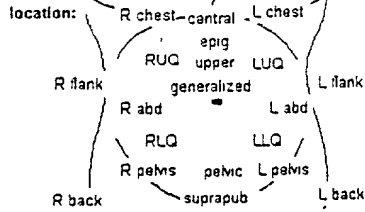
0 HPI

chief complaint: abdominal pain flank pain
 started: just PTA today last night yesterday

still present _____ gone _____ timing: _____

quality:

"pain"
 sharp
 stabbing
 cramping
 burning
 dull
 migrating
 ...
 well localized
 diffuse



radiating to: _____ additional pain _____

associated symptoms:

nausea loss of appetite vomiting diarrhea

severity of pain:

modifying factors:

similar symptoms previously:

once twice sev. times many times - occasionally frequently
 milder as bad worse varying

0 _____

recently seen _____

ED office clinic hospitalized

0 _____

0 ROS

GI

_____ vomiting blood _____

_____ black stools _____

_____ bloody stools _____

URINARY

_____ difficulty w/ urination _____

_____ pain w/ urination _____

_____ frequency _____

FEMALE

_____ pregnant _____

LNMP

_____ missed periods _____ irreg _____

_____ abnormal bleeding _____

_____ all systems neg. except as marked _____

CONSTITUTIONAL

_____ fever _____ chills _____

Neuro & EENT

_____ headache _____

_____ sore throat _____

_____ blurred vision _____

CVS & Pulmonary

_____ chest pain _____

_____ difficulty breathing _____

_____ cough _____

MS & Skin

_____ joint pain _____ back pain _____

_____ skin rash _____

0 PAST Hx

_____ negative _____ see nurses notes _____

_____ peptic ulcer _____

_____ gall stones _____

_____ bowel obstruction _____

_____ kidney stones _____

_____ heart dz _____ neuro dz _____

_____ lung dz _____ GI dz _____

_____ renal dz _____ other dz _____

_____ HTN _____ diabetes _____

_____ hyperlipidemia _____

_____ previous surgery _____

_____ abdominal surgery _____

0 MEDS _____ none _____ see nurses notes _____

0 ALLERGIES _____ NKDA _____ see nurses notes _____

0 SOCIAL Hx smoker _____ ETOH _____ drugs _____

residence/travel: _____

0 FAMILY Hx gall bladder _____ heart dz _____ hx of _____ 0

FIGURE 14

T-Chart

By: Jack

Home

Annotations

Notes

Clinical

History

Exam

Cramping

Burning

Course

Dx/DI

Well localized

diffuse

radiating to:

additional pain

associated symptoms:

nausea

loss of appetite

severity of pain:

modifying factors:

similar symptoms previously:

once twice sev. times many times - occasionally frequently

milder as bad worse varying

recently seen

ED office clinic hospitalized

0

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0

0

0

0

0

Abdominal Pain

time: _____ room: _____

arrived: pvt vehicle EMS

context:

historian: patient EMS family

limited by:

HPI

chief complaint: abdominal pain flank pain

started: just PTA today last night yesterday

still present

gone

timing:

quality:

"pain"

sharp

stabbing

cramping

burning

dull

migrating

well localized

diffuse

location:

R chest-central

L chest

epig

upper

RUQ

LUQ

R flank

L flank

generalized

R abd

L abd

RLQ

LLQ

R pelvis

L pelvis

suprapub

R back

L back

radiating to:

additional pain

associated symptoms:

nausea

loss of appetite

vomiting

diarrhea

severity of pain:

modifying factors:

similar symptoms previously:

once twice sev. times many times - occasionally frequently

milder as bad worse varying

recently seen

ED office clinic hospitalized

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0

ROS

GI

vomiting blood

black stools

bloody stools

UPINARY

difficulty w/ urination

pain w/ urination

frequency

Female

pregnant

LNMP

missed periods

abnormal bleeding

all systems neg. except as marked

CONSTITUTIONAL

fever

chills

Neuro & EENT

headache

sore throat

blurred vision

CVS & Pulmonary

chest pain

difficulty breathing

cough

MS & Skin

joint pain

skin rash

back pain

PAST Hx

negative

see nurses notes

peptic ulcer

gall stones

bowel obstruction

kidney stones

heart dz

lung dz

renal dz

HTN

diabetes

hyperlipidemia

previous surgery

abdominal surgery

0

0

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FIGURE 15

Chart
Samp, Jack

Home

Annotation

Notes

Clinical

History

Exam

Course

Diagnosis

Viewing

Report

Discharge

Prescription

Excuse

Printing

Clinical

Discharge

Closure

Chart

Home

Annotation

Notes

Clinical

History

Exam

Course

Diagnosis

Viewing

Report

Discharge

Prescription

Excuse

Printing

Clinical

Discharge

Closure

Chart

Home

Annotation

Notes

Clinical

History

Exam

Course

Diagnosis

Viewing

Report

Discharge

Prescription

Excuse

Printing

Clinical

Discharge

Closure

Chart

Home

Annotation

Clinical Report

Hospital Name -
Emergency Department
Street Address - 214-555-1212
12-Apr-2001

Patient Name: ~~Smith~~, Jack

HISTORY OF PRESENT ILLNESS

Chief complaint- ABDOMINAL PAIN. He has had nausea and loss of appetite. No vomiting or diarrhea.

Physician Signature

FIGURE 16

TT-Chart

James, Jack

Home

Annotations:

Notes

Clinical:

History

Exam

Course

Diagnosis

View:

Report

Discharge

Prescription

Excuse

Print:

Clinical

Discharge

Closure:

ED

Office

Clinic

Hospitalized

Abdominal Pain

time: _____ room: _____

arrived: pvt vehicle EMS

context:

historian: patient EMS family

limited by:

HPI

chief complaint: abdominal pain flank pain

started: just PTA today last night yesterday

still present

gone

timing:

quality:

"stab"

sharp

stabbing

cramping

burning

cut

migrating

well localized

diffuse

location:

R chest

central

L chest

RUQ

upper

LUQ

R flank

generalized

L flank

R abd

L abd

RLQ

LLQ

R pelvis

pelvic

L pelvis

R back

suprapub

L back

radiating to:

additional pain

associated symptoms:

nausea

vomiting

loss of appetite

diarrhea

severity of pain:

modifying factors:

similar symptoms previously:

once twice sev. times many times - occasionally frequently
milder as bad worse varying

recently seen

ED office clinic hospitalized

ROS

GI

vomiting blood

black stools

bloody stools

URINARY

difficulty w/ urination

pain w/ urination

frequency

Female pregnant

LNMP

missed periods irreg

abnormal bleeding

all systems neg. except as marked

CONSTITUTIONAL

fever chills

Neuro & EENT

headache

sore throat

blurred vision

CVS & Pulmonary

chest pain

difficulty breathing

cough

MS & Skin

joint pain

back pain

skin rash

PAST Hx

negative see nurses notes

peptic ulcer

gall stones

bowel obstruction

kidney stones

heart dz neuro dz

lung dz GI dz

renal dz other dz

HTN diabetes

hyperlipidemia

previous surgery

abdominal surgery

0 MEDS none see nurses notes

0 ALLERGIES NKDA see nurses notes

0 SOCIAL Hx smoker ETOH drugs

residence/travel:

0 FAMILY Hx gall bladder heart dz hx of

FIGURE 17

T-Chart

Jack

Home

Annotations

Notes

Clinical

History

Exam

Course

OnCall

Vital Signs

Report

Discharge

Prescription

Excuse

Printout

Clinical

Discharge

Signature

Abdominal Pain

time: room:

arrived: pvt vehicle EMS

historian: patient EMS family

context: limited by:

HPI

chief complaint: abdominal pain flank pain

started: just PTA today last night yesterday

still present gone timing:

quality:

location:

radiating to:

additional pain

associated symptoms:

nausea vomiting

loss of appetite diarrhea

severity of pain:

modifying factors:

similar symptoms previously:

once twice sev. times many times - occasionally frequently

milder as bad worse varying

recently seen

ED office clinic hospitalized

ROS

GI

vomiting blood

black stools

bloody stools

URINARY

difficulty w/ urination

pain w/ urination

frequency

Female pregnant

LNMP

missed periods

abnormal bleeding

all systems neg. except as noted

CONSTITUTIONAL

fever chills

Neuro & EENT

headache

sore throat

blurred vision

CVS & Pulmonary

chest pain

difficulty breathing

cough

PAST Hx

negative see nurses

today since yesterday recently chronically

gone now still present improving worsening

peptic ulcer

gall stones

bowel obstruction

kidney stones

COUGH

mild moderate severe

dry / productive

scant moderate copious thick thin

clear yellow green brown white

blood tinged frank blood

cough changed from baseline smoker

sputum changed from baseline

similar to previous symptoms

MEDS

none

ALLERGIES

NKDA

see nurses notes

SOCIAL Hx

smoker

ETOH

drugs

residence/travel

FAMILY Hx

gall bladder

heart dz

hx of

FIGURE 18

T-Chart

Jack

Home

Annotations

Notes

Clinical

History

Exam

Course

Diagnosis

Viewing

Report

Discharge

Prescription

Excuse

Printing

Clinical

Discharge

Closure

Home

Annotations

Notes

Clinical

History

Exam

Course

Diagnosis

Viewing

Report

Discharge

Prescription

Excuse

Printing

Clinical

Discharge

Closure

Home

Annotations

Notes

Clinical

History

Exam

Course

Diagnosis

Viewing

Report

Discharge

Prescription

Excuse

Printing

Clinical

Discharge

Closure

Home

Annotations

Notes

Clinical

History

Exam

Course

Diagnosis

Viewing

Report

Abdominal Pain

time: room:

arrived: pvt vehicle EMS

context:

historian: patient EMS family

limited by:

HPI

chief complaint: abdominal pain flank pain

started: just PTA today last night yesterday

still present

gone

timing:

quality:

"pain"

sharp

stabbing

cramping

burning

out

migrating

well localized

diffuse

location:

R chest

central

L chest

RUQ

upper

LUQ

R flank

generalized

L flank

R abd

L abd

RLQ

LLQ

R pelvis

pelvic

L pelvis

R back

suprapub

L back

radiating to:

additional pain

associated symptoms:

nausea

vomiting

loss of appetite

diarrhea

severity of pain:

modifying factors:

similar symptoms previously:

once twice sev. times many times

milder as bad worse varying

occasionally frequently

recently seen

ED office clinic hospitalized

ROS

GI

vomiting blood

black stools

bloody stools

URINARY

difficulty w/ urination

pain w/ urination

frequency

Female pregnant

LNMP

missed periods

abnormal bleeding

all systems neg. except as noted

CONSTITUTIONAL

fever chills

Neuro & EENT

headache

sore throat

blurred vision

CVS & Pulmonary

chest pain

difficulty breathing

cough:

PAST Hx

negative see nurses

peptic ulcer

gall stones

bowel obstruction

kidney stones

today since yesterday recently chronically

gone now still present improving worsening

COUGH

mild moderate severe

dry / productive

scant moderate copious thick thin

clear yellow green brown white

good lungs frank blood

cough changed from baseline

sputum changed from baseline

similar to previous symptoms

0 MEDS none

0 ALLERGIES NKDA

see nurses notes

0 SOCIAL Hx smoker ETOH drugs

residence/travel

0 FAMILY Hx gall bladder heart dz hx af

FIGURE 19

T-Chart
 Emergency Jack
 Home
 Annotation
 Notes
 Clinical
 History
 Exam
 Course
 Dx/CI
 Viewing
 Report
 Discharge
 Prescription
 Excuse
 Printing
 Clinical
 Discharge
 Closure

Clinical Report

Hospital Name -
 Emergency Department
 Street Address - 214-555-1212
 12-Apr-2001

Patient Name: Beauty, Jack

HISTORY OF PRESENT ILLNESS

Chief complaint- ABDOMINAL PAIN. He has had nausea and loss of appetite. No vomiting or diarrhea.

REVIEW OF SYSTEMS

The patient has had a severe cough productive of thick, green, blood tinged sputum. No frankly bloody sputum.

Physician Signature _____

FIGURE 20

T-Chart

Emergency Jack

Home

Annotation

Notes

Clinical

History

Exam

Course

Diagnosis

Viewing

Report

Discharge

Prescription

Excuse

Print

Clinical

Discharge

Closure

Report

Discharge

Closure

Report

Discharge

Closure

Abdominal Pain

time: _____ room: _____

arrived: pvt vehicle EMS context: _____
historian: patient EMS family limited by: _____

0 HPI

chief complaint: abdominal pain flank pain
started: just PTA today last night yesterday

still present _____ gone _____ timing _____
quality: _____
location: R chest-central L chest
epig LUQ L flank
RUQ upper
generalized
R abd L abd
RLQ LLQ
R pelvis pelvic L pelvis
suprapub L back
R back

radiating to: _____ additional pain _____

associated symptoms: _____

nausea _____ vomiting _____

loss of appetite _____ diarrhea _____

severity of pain: _____

modifying factors: _____

similar symptoms previously: _____
once twice sev. times many times - occasionally frequently
milder as bad worse varying

recently seen _____
ED office clinic hospitalized

0 ROS

GI _____ CONSTITUTIONAL _____
vomiting blood _____ fever _____ chills _____
black stools _____ Neuro & ENT _____
bloody stools _____ headache _____
URINARY _____ sore throat _____
difficulty w/ urination _____ blurred vision _____
pain w/ urination _____ CVS & Pulmonary _____
frequency _____ chest pain _____
Female _____ pregnant _____ difficulty breathing _____
LNMP _____ cough _____

missed periods _____ irregular _____
abnormal bleeding _____
all systems neg. except as noted
minutes hours days weeks months years
1 2 3 4 5 -
for 6 7 8 9 0 112
several many occasionally
ago times

0 PAST Hx

negative _____ see nurses _____ today since yesterday recently chronically
peptic ulcer _____ gone now - still present - improving - worsening
gall stones _____ mild moderate severe
bowel obstruction _____
kidney stones _____ dry / productive
scant moderate copious thick thin
clear yellow green brown white
blood tinged frank blood
cough changed from baseline smoker
sputum changed from baseline

0 MEDS _____ none _____
similar to previous symptoms

0 ALLERGIES _____ NKDA _____ see nurses notes

0 SOCIAL Hx smoker _____ ETOH _____ drugs _____

residence/travel: _____

0 FAMILY Hx gall bladder _____ heart dz _____ hx of _____

FIGURE 21

T-Chart

History, Jack

Home

Annotations

Notes

Clinical

History

Exam

Course

Discharge

Prescription

Excuse

Print

Clinical

Discharge

Closure

Abdominal Pain

time: _____ room: _____

arrived: pvt vehicle EMS _____ context: _____

historian: parent EMS family _____ limited by: _____

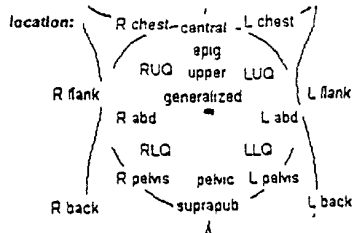
0 HPI

chief complaint: abdominal pain flank pain _____

started: just PTA today last night yesterday _____

still present _____ gone _____ timing: _____

quality: _____

location: 

radiating to: _____ additional pain _____

associated symptoms: nausea _____ vomiting _____

loss of appetite _____ diarrhea _____

severity of pain: _____

modifying factors: _____

similar symptoms previously: _____

once twice sev. times many times - occasionally frequently

milder as bad worse varying

recently seen _____

ED office clinic hospitalized

0 ROS

GI

vomiting blood _____

black stools _____

bloody stools _____

difficulty w/ micturition _____

pain w/ micturition _____

frequency _____

Female _____ pregnant _____

LNMP _____

missed periods _____ irreg _____

abnormal bleeding _____

all systems neg. except as marked

CONSTITUTIONAL

fever _____ chills _____

Neuro & EENT

headache _____

sore throat _____

blurred vision _____

CVS & Pulmonary

chest pain _____

difficulty breathing _____

cough severe, productive, thick, gr _____

MS & Skin

joint pain _____ back pain _____

skin rash _____

0 PAST Hx

negative _____ see nurses notes _____

peptic ulcer _____

gall stones _____

bowel obstruction _____

kidney stones _____

heart dz _____ neuro dz _____

lung dz _____ GI dz _____

renal dz _____ other dz _____

HTN _____ diabetes _____

hyperlipidemia _____

previous surgery _____

abdominal surgery _____

0 MEDS

none _____ see nurses notes _____

0 ALLERGIES

NKDA _____ see nurses notes _____

0 SOCIAL Hx

smoker _____ ETOH _____ drugs _____

residence/travel: _____

0 FAMILY Hx

gall bladder _____ heart dz _____ hx of _____

FIGURE 22

MVA

time: _____ room: _____

arrived: pvt vehicle EMS _____ context: _____

historian: patient EMS family _____ limited by: _____

0 HPI

chief complaint: MVA _____

location of injuries: _____

occurred: just PTA today last night yesterday _____

pain: none _____ mild _____ moderate _____ severe _____

assoc: blow head _____ neck pain _____ LOC _____ dazed _____ seizure _____

mechanism details: 0 _____

0 ROS

numbness _____ weakness _____ trouble breathing _____
hearing loss _____ nausea _____ vomiting _____
loss of vision _____ bladder dysfunction _____
headache _____ skin laceration _____
chest pain _____ fever _____ recently ill _____
depressed _____ all systems neg except as marked _____

0 PAST HISTORY

neg _____ see nurses notes _____

tension: UTD >5 >10 unk _____

0 MEDS _____ none _____ see nurses notes _____

0 ALLERGIES _____ NKDA _____ see nurses notes _____

0 SOCIAL HX _____ smoker _____ ETOH _____ drugs _____

residence/travel _____

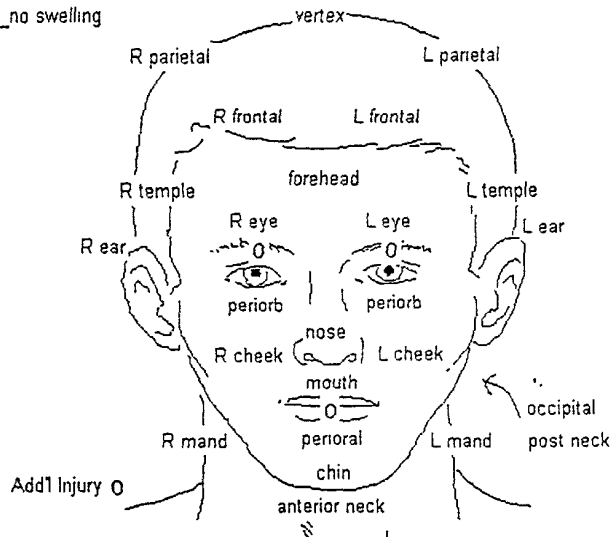
bkbrd c-collar _____ nurses notes rev'd _____ VS rev'd _____

PHYSICAL EXAM

_____ alert _____ anxious / lethargic / obtunded _____
_____ NAD _____ in distress mild mod severe _____

HEAD

_____ non-tender _____ Battle's sign _____ raccoon eyes _____
_____ no swelling _____

**NECK**

_____ non-tender _____ verteb. tenderness _____ painful movement _____
_____ painless ROM _____ decrsd ROM _____ muscle spasm _____

EYES

_____ PERRL _____ pupillary exam: _____
_____ EOM intact _____ ocular injury _____
_____ abnml fundiscopic _____

ENT

_____ no dental injury _____ hematympanum _____
_____ pharynx nml _____ malocclusion _____

FIGURE 23

RESPIRATORY resp distress _____
 chest wall injury #1 _____ #2 _____
 breath snds nml _____
 decreased breath sounds _____
 rales _____ rhonchi _____
 wheezes _____ crepitus _____

CVS abnml rate tachycardia bradycardia _____
 abnml rhythm _____
 heart snds nml _____
 pulses nml _____
 JVD present _____
 extra sounds _____ murmur _____
 pulse exam: _____

ABDOMEN obese _____ scar _____ other _____
 tenderness #1 _____ #2 _____
 guarding _____
 rebound _____
 organomegaly _____ gravid uterus _____
 abnml bowel sounds _____
 distention _____
 mass _____

GU perineal hematoma _____
 nml genitalia _____ blood at urethral meatus _____
 nml vaginal exam _____
RECTAL blood in stool _____
 nml rectal exam _____ abnormal digital rectal _____
 heme neg stool _____

BACK tenderness _____ #2 _____
 nontender _____ vertebral point tenderness _____
 ROM nml _____ muscle spasm _____ limited ROM _____

O NEURO altered mental status _____ GCS _____
 oriented x3 _____ CN deficit _____
 no motor deficit _____ weakness _____ sensory deficit _____
 no sensory deficit _____ reflex exam: _____
 reflexes nml _____

SKIN edema _____ pallor _____
 intact _____ cool skin _____ diaphoresis _____
 warm, dry _____ skin rash _____ poor skin turgor _____
 nml color _____

EXTREMITIES soft-tissue tenderness _____
 atraumatic _____ bony tenderness _____
 nml inspection _____ abrasions #1 _____ #2 _____
 pelvis stable _____ limping gait _____ cannot bear weight _____
 no pedal edema _____ gait not tested due to pain _____

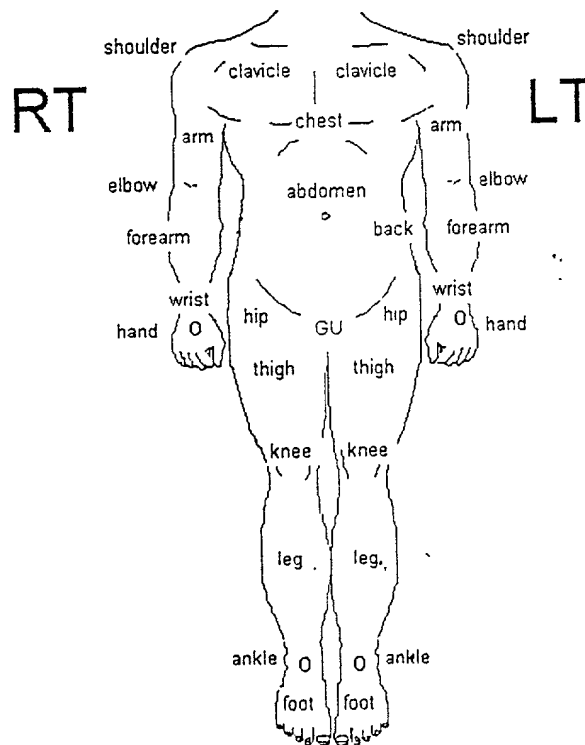


FIGURE 24-

X-RAYS

☐ nml / NAD except as noted
☐ independently visualized by me ☐ discussed with radiologist
☐ interpreted by me contemporaneously ☐ interpreted by radiologist

R

skull - + orbits - +
 facial - + mandible - +
 nasal - + c-spine - +

L

clavicle - +	Tspn - +	clavicle - +
scapula - +	CXR - +	scapula - +
shoulder - +	sternum - +	shoulder - +
humerus - +	ribs - +	humerus - +
elbow - +	KUB - +	elbow - +
forearm - +	LS - +	forearm - +
wrist - +	sacrum - +	wrist - +
hand - +	pelvis - +	hand - +
digit - +	IVP - +	digit - +
hip - +		hip - +
femur - +		femur - +
knee - +		knee - +
patella - +		patella - +
tib/fib - +		tib/fib - +
ankle - +		ankle - +
foot - +		foot - +
toe(s) - +		toe(s) - +

EKG / LABS / SPECIAL STUDIES

EKG ☐ nml ☐ CT Head ☐ NAD ☐ CT Abdomen ☐ NAD
 Labs ☐ nml ☐ CT Chest ☐ NAD ☐ Other studies ☐ neg

PROCEDURE NOTES

- ☐ Intubation ☐ Splint
☐ Ventilator Management ☐ Wound Repair
☐ Central Line
☐ Chest Tube

PROGRESS

TIME _____ -now- stable unstable
 sx's much better better unchg'd
 exam improved unchanged

_____ [APPLY] _____

☐ trauma course ☐ Resp / CVS ☐ CPR ☐ re-evaluation

consultation / review of records

D/W Dr. _____ old records ordered _____
 D/W Dr. (#2) _____ old records reviewed _____
 tried - can't contact Dr. _____ records req - unavailable _____
 family consultation _____ further history sought _____

hospital admission or transfer

admitted _____ good condition _____
 transferred _____ stable _____
 observation status _____

FIGURE 25

CLINICAL IMPRESSION

acute pain _____ MVA MCA bike pedestrian _____

skin

laceration _____
abrasion(s) _____
skin avulsion _____
foreign body, soft tissue _____

soft tissue

cervical strain _____
neck pain _____
back pain _____
strain _____
sprain _____
contusion _____

dislocation

shoulder _____ finger _____
elbow _____ toe _____

knee injury

knee injury _____
hemarthrosis _____
knee instability _____

fracture

skull _____ rib _____
facial _____ pelvic _____
spine _____ hip _____
upper ext _____ lower ext _____
wrist _____ ankle _____
hand _____ foot _____

other / major injury

concussion _____
head injury _____
spinal injury _____
hemorrhage _____
hypotension _____
shock _____
respiratory failure _____
chest injury _____
cardiac arrest _____
abdominal injury _____
renal injury _____
dental trauma _____

general

abnormal test _____ hypertension _____
lifestyle issues _____ diabetes _____

more diagnoses

<input type="checkbox"/> Allergy	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Ortho / Surg
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Int Medicine Gen1	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Mouth/Dental	<input type="checkbox"/> Psychiatric
<input type="checkbox"/> ENT <input type="checkbox"/> Eye	<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Toxicology
<input type="checkbox"/> Environmental	<input type="checkbox"/> Neurology	<input type="checkbox"/> Trauma
<input type="checkbox"/> Gastrointestinal	<input type="checkbox"/> OB-GYN	<input type="checkbox"/> Urology

PRESCRIPTIONS

OTC meds

OTC meds _____
Acetaminophen _____
Motrin _____

pain / nausea

Darvocet-N _____
Lortab _____
Phenergan _____
Tylenol w/Cod. _____

NSAID's

Ibuprofen _____
Lodine _____
Naproxen _____

muscle

Flexeril _____
Robaxin _____
Skelaxin _____
Soma _____

antibiotics

Augmentin _____
Cephalexin _____
Cipro 10d _____
Duncef _____
Erythromycin _____
Levaquin _____
Silvadene _____

more prescriptions

<input type="checkbox"/> Allergy/Decong	<input type="checkbox"/> Eye	<input type="checkbox"/> Nsaids	<input type="checkbox"/> Sedative
<input type="checkbox"/> Analgesics	<input type="checkbox"/> ENT	<input type="checkbox"/> M.Relax	<input type="checkbox"/> Skin
<input type="checkbox"/> Antibiotics	<input type="checkbox"/> GI	<input type="checkbox"/> Ob-Gyn	<input type="checkbox"/> Steroids
<input type="checkbox"/> Cardiac	<input type="checkbox"/> Neuro	<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Urology

DISCHARGE INSTRUCTIONS

treatment

c-collar _____
ice _____ elevate _____
wound care _____
sling _____ splint _____
rib belt _____
crutches _____
knee immobilizer _____
elastic wrap _____

diet

no restrictions _____
clear liquids only _____

activity / work/school

no restrictions _____
no strenuous activity _____
wt bearing as tolerated _____
no wt bearing _____
RT work _____ off work _____
RT school _____ off school _____

warnings

head _____ comps _____
infection _____ Tet given _____
sedative meds in ED _____
return if problems _____

follow-up

☐ w/ Dr. _____ w/ your doctor _____
☐ w/ Dr. (#2) _____ w/ specialist _____
return to ED _____ discharged home in _____

FIGURE 24

T-Chart
Roberts, Mary
Home
Annotation:
Notes
Clinical:
History
Exam
Course
Dx/DI
Viewing:
Report
Discharge
Prescription
Excuse
Printing:
Clinical
Discharge
Closure

Abdominal Pain time: _____ room: _____
arrived: pt vehicle EMS context: _____
historian: patient EMS family limited by: _____

ROS
GI vomiting blood _____ black stools _____
CONSTITUTIONAL fever _____ chills _____

HPI
chief complaint: abdominal pain flank pain
started: just PTA today last night yesterday

still present _____ gone _____ timing: _____
quality: _____
location: R chest-central L chest
epig RUQ upper LUQ
R flank generalized L abd
R abd RLQ LLQ
R pelvis pelvic L pelvis
R back suprapub
radiating to: _____ additional pain _____
associated symptoms:
nausea _____ vomiting _____
loss of appetite _____ diarrhea _____
severity of pain: _____
modifying factors: _____

similar symptoms previously:
once twice sev. times many times occasionally frequent
milder as bad worse varying

recently seen
ED office clinic hospitalized

OTHER HISTORY

CONST
fever _____
chills _____
mus aches _____
weight loss _____
EYES
imt eyes _____
dcr vsn _____
photophob _____
dble vsn _____
CVS - PESP
chest pain _____
palps _____
dyspnea _____
cough _____
foot swing _____
calf pain _____
MUSCULOSKEL
neck pain _____
back pain _____
joint pain _____
SKIN
skin rash _____
skin lesion _____
insect bite _____
skin lac _____
GI
nausea _____
vomiting: _____

EAR
ear pain _____
ear draining _____
tinnitus _____
hmg loss _____

NOSE
congestion _____
runny nose _____
nosebleed _____
sinus pain _____

THROAT
sore thro _____
blood-tinged w/ frank blood
dark coffee-grounds
bilious feculent
similar to previous symptoms

minutes (<1)
hours
days ago
several weeks times
many months
occasionally years
today since yesterday recently chronically
gone now still present improving worsening

VOMITING
mild moderate severe
once twice several times numerous

FIG 27

100180 26260

☒ EVI
☒ History
☒ Notes
☒ Clinical
☒ Instructions
☒ Prescription
☒ Course
☒ D.O.
☒ Discharge
☒ Lock

nurses notes rev'd _____ VS rev'd _____ Q/Volter _____	
PHYSICAL EXAM	
alert NAD	conscious / lethargic / obtunded in distress mild mod severe
EYES	conjunctival findings scleral icterus pale conjunctivae
nml inspection PERRL	
ENT	abnml ear exam runny nose pharyngeal erythema tonsillar exudate str. mucous membranes
nose nml pharynx nml	
NECK	JVD carotid bruit lymphadenopathy thyromegaly meningeal signs
nml inspection supple	
CVS	abnml rate tachycardia bradycardia abnml rhythm murmur extra sounds decreased pulses
nml rate/rhythm hear. sounds nml	
RESPIRATORY	resp distress accessory muscles decreased air movement rales rhonchi wheezes prolonged expirations
no resp distress breath sounds nml chest nontender	
ABDOMEN	obese tenderness M1 M2 guarding rebound organomegaly gravid uterus abnml bowel sounds distention mass
soft nontender no organomegaly	
O FEM GENITALIA	vag. bleeding discharge external exam nml bimanual tenderness bimanual exam nml enlarged uterus mass
speculum exam nml	
MALE GENITALIA	tenderness nml genitalia scrotal swelling testes descended
nml genitalia	
RECTAL	blood in stool nml rectal exam tenderness nontender abnormal digital rectal heme neg stool
nml inspection	
BACK	CVA tenderness
nml inspection	
EXTREMITIES	pedal edema calf tenderness
nml ROM no pedal edema	
SKIN	cyanosis pallor cool skin diaphoresis skin rash poor skin turgor
nml color warm, dry no rash	
ONEURO	altered mental status CN deficit weakness sensory deficit reflex exam.
oriented x2 no motor deficit no sensory deficit reflexes nml	

FIG 28

Clinical Report

Hospital Name - Emergency Department

Street Address - 214-555-1212

26-Jul-2001

Patient Name: Doe, John
 Mary

PHYSICAL EXAM

Eyes: Scleral icterus. Pale conjunctivae.

ENT: Ears normal. Nasal discharge present. Dry mucous membranes present.

Neck: Meningeal signs present. Lymphadenopathy present. Thyromegaly.

Abdomen: Obese. Rebound tenderness. Guarding present.

Skin: Cyanosis. Skin rash.

Neuro: Oriented X 3. No motor deficit. No sensory deficit.

Physician Signature

FIG 29

100T90"26/2650

nurses notes rev'd

VS rev'd

O2/other:

ABDOMEN

obese

scar

other

bandage #1

#2

an

in

con

scle

palp

abn

tun

pha

ton

dry

JVC

can

lym

thy

mei

abn

abn

mut

ext

dec

resl

acc

dec

rle

rhor

wh

prol

external exam nml

speculum exam nml

no vag discharge

no cervical lesions

os closed

herpes-like lesion(s)

vaginal discharge

vag. bleeding

IUD string visible

cervical erosion

cervicitis

Cervical lesion

Cervical discharge

cervical dilation

cervical os open

tissue in os in vagina

cervical effacement

cerv. motion tenderness

bimanual tenderness

pelvic mass

adnexal tenderness

adnexal mass / fullness

retroverted uterus

retroflexed uterus

uterine tenderness

enlarged uterus

decreased rectal tone

blood in stool

abnormal digital rectal

galy

vel sounds

gravid uterus

ting

discharge

tenderness

uterus

mass

ss

elling

tool

ss

digital rectal

erness

ma

mess

pallor

diaphoresis

poor skin turgor

mental status

eficit

m

Clinical Report
Hospital Name -
Emergency Department
Street Address - 214-555-1212
26-Jul-2001

Patient Name: Dee, Jane

PAST HISTORY

Peptic ulcer. Gall stones. Bowel obstruction.

PHYSICAL EXAM

Eyes: Scleral icterus. Pale conjunctivae.
ENT: Ears normal. Nasal discharge present. Dry mucous membranes present.
Neck: Meningeal signs present. Lymphadenopathy present. Thyromegaly.
Abdomen: Obese. Rebound tenderness. Guarding present.
GU: Speculum and bimanual exam performed. Cervical lesion present. Discharge present from the cervical os.
Skin: Cyanosis. Skin rash.
Neuro: Oriented X 3. No motor deficit. No sensory deficit.

Physician Signature

F1631

F1632

[illegible]

EKG / X-RAYS / STUDIES

- ☐ EKG _nml
☐ CXR _NAD
☐ V/Q scan _nml
☐ Abdomen _NAD
☐ IVP _NAD
☐ Other X-rays _neg
- ☐ CT Head _NAD
☐ CT Chest _NAD
☐ CT Abdomen _NAD
☐ Abdominal Sono _NAD
☐ Pelvic Sono _NAD
☐ Other studies _neg

0 PROCEDURE NOTES

- ☐ Ventilator Management
☐ Chest Tube
- ☐ Central Line
☐ Thrombolytic Therapy

PROGRESS

TIME: _____ -now- _____ stable _____ unstable

sx's gone much better better unchanged
exam improved unchanged_____
[APPLY]
Evaluation after reassessment. Physical exam findings are unchanged.

Evaluation after multiple exams. Physical exam findings are unchanged. The patient's symptoms are unchanged.

Evaluation after observation, results of tests back, analgesic and narcotic. Physical exam findings are improved. Symptoms much better.

0 general course 0 Resp / CVS 0 CPR 0 re-evaluation

consultation / review of records

DAW Dr. _____ old records ordered
DAW Dr. (#2) _____ old records reviewed
tried - can't contact Dr. _____ records req - unavailable
family consultation _____ further history sought

hospital admission or transfer

admit _____ good condition
transfer _____ stable
observation status _____

LAB

- ☐ CBC
nml except
WBC
Hgb
HCT
Plat
segs
bands
lymphs
monos
- ☐ Chem
CMP BMP ISTAT
nml except
Na
K
Cl
HCO3
Glu #2
BUN
Cr
Tot Prot
Albumin
T.Bili
SGOT
Alk Phos
Ca
Mg
PO4
Amylase
Lipase
- ☐ Cardiac Enz
nml except
CK
CKMB
myoglobin
Troponin T
Troponin I
Pulse Ox
lime-
FIO2
O2 sat
- ☐ ABG
time-
FIO2
pO2
O2 sat
pCO2
pH
- ☐ PFTs
Peak Flow
U/A
cath clean
nml except
WBCs
RBCs
bacteria
blood
leuk est
nitrite
gluc
ketones
Bili
protein
HCG
sHCG
Quant
uHCG

Clinical Report

Hospital Name: 22622650

Emergency Department

Street Address - 214-555-1212

26-Jul-2001

Patient Name: Doe, Jane

PAST HISTORY

Peptic ulcer. Gall stones. Bowel obstruction.

PHYSICAL EXAM

Eyes: Scleral icterus. Pale conjunctivae.

ENT: Ears normal. Nasal discharge present. Dry mucous membranes present.

Neck: Meningeal signs present. Lymphadenopathy present. Thyromegaly.

Abdomen: Obese. Rebound tenderness. Guarding present.

GU: Speculum and bimanual exam performed. Cervical lesion present. Discharge present from the cervical os.

Skin: Cyanosis. Skin rash.

Neuro: Oriented X 3. No motor deficit. No sensory deficit.

PROGRESS AND PROCEDURES

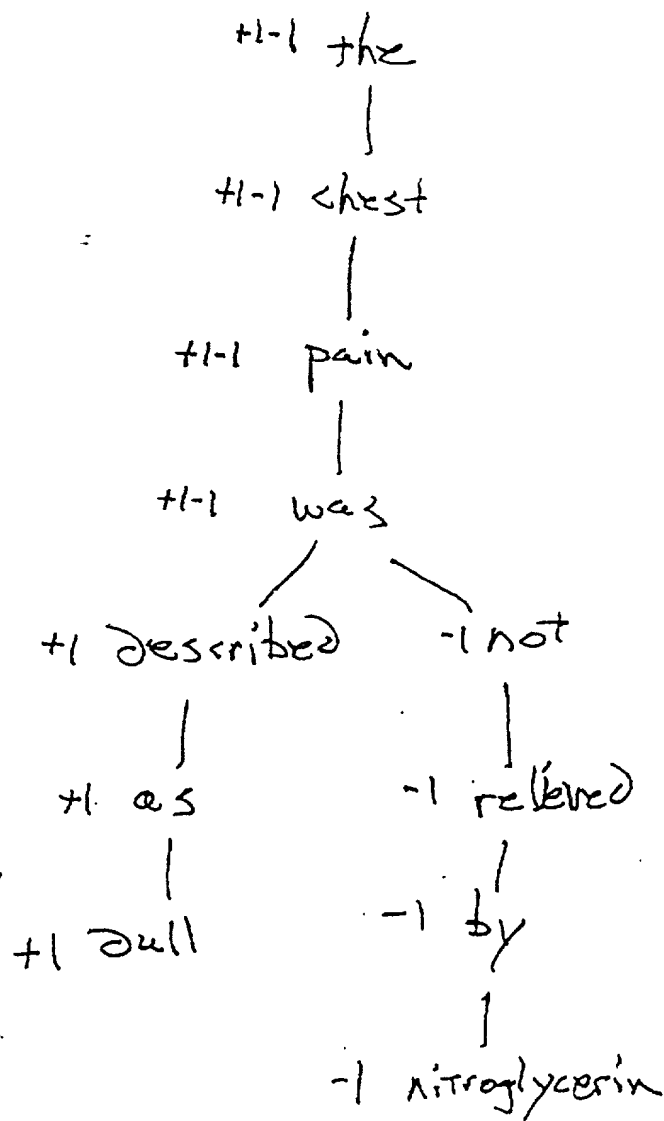
E.D. Course: Evaluation after reassessment. Physical exam findings are unchanged.

Evaluation after multiple exams. Physical exam findings are unchanged. The patient's symptoms are unchanged.

Evaluation after observation, results of tests back, analgesic and narcotic. Physical exam findings are improved. Symptoms much better.

Physician Signature

FIG 34



the chest pain was described as dull
the chest pain was not relieved by nitroglycerin

FIG 35

Min Text

Crunch

[illegible]